



We are committed to—

FOSTERING AND ESTABLISHING PARTNERSHIPS AND COLLABORATION

*T*he National Immunization Program (NIP) works with local, state, national, and international partner organizations to increase awareness of immunization recommendations, foster the development and implementation of effective immunization programs, and achieve high immunization coverage levels. Effective strategies for delivering and evaluating immunization services include use of immunization information systems (including immunization registries), regular audits of immunization records, and collaborations to reach under-immunized populations. The National Immunization Program also develops partnerships with community organizations and private health care providers to increase awareness of immunization recommendations and the use of “best practices.”

FEDERAL, STATE, AND COMMUNITY SUPPORT

The National Immunization Program plays a strong leadership role in bringing together many partners to coordinate vaccine policies and initiatives. Achieving our nation's immunization goals depends upon collaborations among professional organizations, state and federal public health agencies, vaccine manufacturers, and numerous other health care provider and community partners. These joint efforts span each phase of vaccine development and delivery.

STATE, COMMUNITY, AND HEALTH CARE PROVIDER IMMUNIZATION REGISTRIES

Immunization registries are confidential, computerized information systems that record, store, and provide access to children's immunization records. Electronic records and computer information systems are important tools to increase and sustain high vaccination coverage, especially among children. Computerized records improve health care providers' abilities to update records and to provide records to other health care providers in a practice, community, or state. Currently, all 50 states are developing or implementing immunization registries and, according to the August 30, 2002 *CDC Morbidity and Mortality Weekly Report*, the immunization records from 44 percent of the nation's children younger than 6 years of age are included in an immunization registry.

Recent Registry Achievements

- ▶ Women, Infants, and Children (WIC) and NIP have worked together to identify immunization registries that have developed electronic linkages with WIC agencies.
- ▶ A cooperative agreement has been implemented with the American Immunization Registries Association and Every Child By Two to develop and implement Standards of Excellence to provide guidance on how immunization registries can support immunization program goals. These standards will improve collaboration between immunization program staff and registry staff and will help identify ways to support immunization program activities.
- ▶ In July 2002, a managed care conference that was attended by 26 health care executives resulted in an agreement from most of the managed care offices to further investigate the feasibility of sharing immunization data with immunization registries.
- ▶ A healthcare professional workgroup was initiated by NIP to develop recommendations to increase participation in registry activities and to encourage private provider participation in immunization registries.
- ▶ Immunization registries that were designated as sentinel sites (that is, well established, high quality registries with large numbers of records and participation) were able to demonstrate the value of immunization registry data by providing reliable information on the impact of vaccine shortage.
- ▶ A certification process for immunization registries was developed and piloted. A confidentiality workgroup is developing the criteria for evaluating the content and the implementation of registry policies.

Benefits of Immunization Registries

Immunization registries enable health care providers to

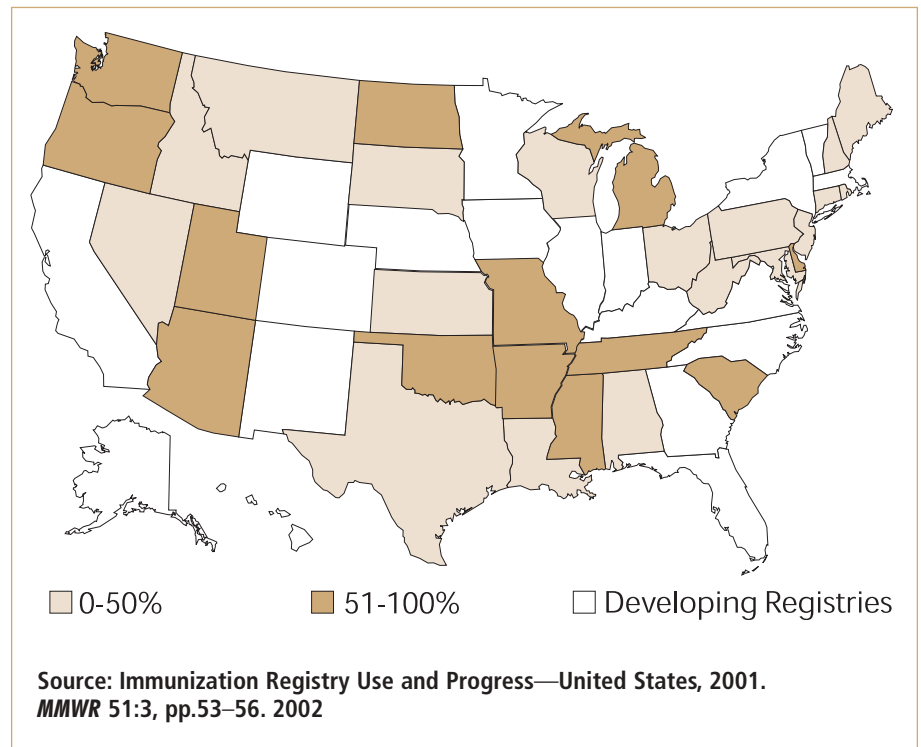
- ▶ Help parents keep track of the immunizations their child has received and needs
- ▶ Provide a quick and easy official immunization record for schools and camps
- ▶ Ensure that immunization decisions are based on complete and accurate records
- ▶ Generate reminder notices for children who need immunizations
- ▶ Save money and reduce vaccine waste by avoiding children receiving unnecessary duplicate vaccinations
- ▶ Assist in rapid implementation of new vaccine recommendations and changes in the vaccine schedule
- ▶ Provide vaccine coverage reports for health care provider practices, a specific geographic area (such as a community), and for the Health Plan Employer Data and Information Set measures (These reports, in turn, can help identify people and places at high risk for vaccine-preventable diseases.)
- ▶ Monitor adverse events following vaccination
- ▶ Identify children in need of revaccination because they received vaccines from sub-potent vaccine lots or received an inadequate dose of vaccine
- ▶ Help coordinate a broader range of preventive care services for children

Future and Continuing Efforts for Immunization Registries

One of the national health objectives for 2010 is to increase to 95 percent the proportion of children younger than 6 years of age who participate in fully operational immunization registries. To reach this goal, future activities will focus on

- ▶ Increasing the proportion of children and health care providers who participate in registries
- ▶ Ensuring the privacy, confidentiality, and security of registry data
- ▶ Identifying adequate resources and funding for building, implementing, and maintaining immunization registries

Percentage of Children Aged >5 Years Participating in State-based Immunization Registries, by State, April 2001



Success Story

IMMUNIZATION REGISTRY

Utah's WebKIDS Registry Software Saves Clinic Time

In 2002, Intermountain Health Care implemented the Utah Statewide Immunization Information System's Web-based immunization tool, WebKIDS, in a pilot pediatric clinic. Intermountain Health Care conducted a time study to assess the effectiveness of this tool. This study found that clinicians preferred WebKIDS to other methods of documenting the administration of vaccinations and looking up patients' immunization histories because it was so effective in saving time. For example, using the WebKids software, more than eight and a half minutes were saved each time a new immunization record was created, and almost three and a half minutes were saved when a new school report was created.

IMMUNIZATION GRANT FUNDS

Federal funding for the Immunization Grant Program (also called the “317 grant program”) began in 1963. In 2002, the National Immunization Program administered \$426.8 million of federal grants to 64 state, local, and territorial public health agencies for program operations and purchase of vaccines not covered by the Vaccines for Children Program (VFC). An additional \$879.8 million was provided to the state, local, and territorial public health agencies through the VFC program. Under the VFC program, public-purchased vaccines are provided to public and private health care providers for administration to eligible children at no charge.

State, territorial, and local immunization programs use these federal funds to purchase vaccines and maintain an immunization infrastructure to assure service delivery, conduct surveillance of vaccine coverage and safety, and sustain and improve vaccination levels. Immunization grantees are provided technical assistance through site visits and routine communications by program consultants at NIP.

COOPERATIVE AGREEMENTS

The National Immunization Program works collaboratively with health care provider organizations, national minority organizations, and coalition groups interested in promoting immunization. Partnerships established with these groups are instrumental in educating health care providers, parents, and consumers about immunization recommendations and addressing vaccine safety concerns. Funding to national minority organizations and coalition groups has enhanced better understanding of specific needs and has enabled the development of appropriate messages to reach special populations,

including those at highest risk of vaccine-preventable diseases. Through health care provider cooperative agreements, NIP is able to increase provider education and standardization of immunization policies and practices. During the past year, NIP has enhanced communications with the current partner organizations and forged relationships with new partners. Efforts have been made to reach out to specialized groups such as the American Association for Retired People, the business community, schools and school systems, and many others. An example of a very successful cooperative agreement is the National Partnership for Immunization (NPI).

National Partnership for Immunization

The National Partnership for Immunization is a national program that is funded in large part by NIP. This program develops and disseminates information about the importance of immunization to people of all ages and cultures throughout the U.S. The National Partnership for Immunization serves as a resource to local, state, and national organizations through partnerships with public and private organizations such as health care providers, public health and social services providers, insurers and health plans, policymakers, the media and the public. The “Reference Guide on Vaccines and Vaccine Safety” is published by NPI, and this organization is the steward of National Immunization Awareness Month.

Partners Project

The National Immunization Program continues to participate in a CDC-wide cooperative agreement with national organizations for promoting health, preventing disease and disability, and managing chronic disease in the workplace. This project, often referred to as the Partners Project, currently funds the Washington Business Group on Health (WBGH), the

National Business Coalition on Health (NBCH), and the Employers’ Managed Health Care Association. In September 2002, NIP consulted with WBGH and leaders from several Fortune 500 companies who make health care purchasing decisions. This consultation gave NIP a better understanding of issues driving employer decision-making regarding vaccine coverage under health plans and issues faced by employers in offering worksite programs, including problems created by delays and changing recommendations. It also helped NIP to seek ways to eliminate confusion and misunderstanding regarding the Advisory Committee on Immunization Practices recommendations and other immunization guidelines. In addition, CDC helped NBCH develop a worksite toolkit that employers could use to encourage their employees and dependents to receive the influenza vaccine.

Exploring Increased Public Engagement in Decision Making about Vaccines

The National Immunization Program and the National Vaccine Program Office have funded a program to explore if and how the immunization community should increase public involvement in decision making about vaccines. In August 2002, a planning group of approximately 40 immunization stakeholders and experts on public participation convened to discuss the potential benefits of collaboration, learn more about methods that can be used to involve the public, and conduct initial problem-solving about forms of enhanced public involvement. At that meeting a steering group was formed with representatives from all the stakeholder groups involved. This group will examine goals and create a proposal that is responsive to as many interests and concerns as possible.

ASSESSMENTS OF PROGRESS

AFIX—ASSESSMENT OF IMMUNIZATION LEVELS WITH FEEDBACK AND CORRECTIVE ACTION

The Centers for Disease Control and Prevention supports the continuous quality improvement of childhood immunization levels through the AFIX strategy

(Assessment of immunization coverage levels, Feedback of information regarding coverage levels, Incentives for improved performance, and exchange of information among health care providers regarding best practices). This strategy has proven successful in improving immunization coverage levels in public health clinics by allowing clinics to determine their coverage levels and implement programs to improve immunization rates.

Public health clinics have found this quality improvement strategy very helpful in their efforts to improve immunization coverage levels among preschool children. During the last decade, the success of the VFC program has allowed low income, underinsured, uninsured, and other eligible children to receive their necessary immunizations in their medical home instead of being referred to their local health department. Because of the shift in immunization administration from public sector to the private sector, CDC initiated the VFC-AFIX project. This project focuses on promoting the AFIX strategy to private provider sites participating in the VFC program.

The year 2002 marked the second full year for this initiative. Efforts to assist grantees in implementing AFIX have focused on providing hands-on trainings at the grantee level, the development of written guidelines for the implementation of AFIX, and the redesign of the AFIX Web site.

THE CLINIC ASSESSMENT SOFTWARE APPLICATION

The Clinic Assessment Software Application (CASA) is a menu-driven data base for assessing the immunization coverage level within any health care setting where immunizations are delivered. The Clinic Assessment Software Application can be used to provide diagnostic information on immunization administration practices. This application can generate diagnostic reports such as missed opportunities for simultaneous vaccine administration and late starts, and it can also be programmed to assist health care providers with reminder and recall for children who are due or overdue for immunizations.

In 2002, an adult version was developed and pilot-tested. Efforts are underway to evaluate how both adult and pediatric CASA can be improved to meet the ever-changing needs of the immunization provider. Because CASA was developed by CDC, it is public domain software and can be installed and shared with others at no cost.